



System-of-Care Evaluation Brief

Referral Source Differences in Behavior and Functioning

Twenty-two sites across the country were funded between September 1993 and November 1994 under the first phase of the Comprehensive Community Mental Health Services for Children and Their Families Program. The sites were funded to develop local systems of care for children with serious emotional disturbances and their families. These grantees shared as a common goal the implementation and development of a family-focused, culturally competent, community-based system of care that coordinates access to individualized services across different community agencies. Children are referred into system-of-care services from a variety of agency sources. The primary referral sources include: mental health, social services, schools, juvenile justice, and the family.

A considerable amount of information was collected at intake during Phase I of the National Evaluation of the program. This information includes, but is not limited to, child and family demographic information, risk factors, lifetime service use, baseline indicators of child functioning and behavior, and current living arrangements. The vast amount of intake information collected provides an opportunity to determine whether children referred by mental health agencies are characteristically different from those children referred from other sources (i.e., social services, schools, juvenile justice, and the family). Identifying differences in clinical indicators with respect to the source of referral is potentially important for service system planning and implementation.

The Sample

A subset of children during Phase I ($n = 5,010$) were selected to explore referral source differences in behavior and functioning. This subset included children who were assessed at intake using both the Child and Adolescent Functional Assessment Scale (CAFAS) (Hodges, 1994) and the Child Behavior Checklist (CBCL) (Achenbach, 1991). Additionally, since referral source differences were the focus of this investigation, only grantee sites with 75% or more of reported referral source information were included.

Nearly two-thirds of these children were male (63%), and at the time of referral near half were living in poverty (48%) and over half were living in single parent households (53%). Sixty-six percent of these children were Caucasian, 18% were African American, 11% were

System-of-Care Evaluation Briefs report findings from the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program funded by the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration. The Program provides six-year grants to states, political subdivisions of states, American Indian Tribes, tribal organizations, and territories to support the development of community-based systems of care for children with serious emotional disturbance and their families. Systems of care are developed using an approach that emphasizes integration of services through collaborative arrangements between child-serving sectors such as education, child welfare, juvenile justice, and mental health; youth and family caregiver participation; and cultural and linguistic competence of services. The Briefs are published monthly and are sponsored by the Child, Adolescent and Family Branch of the federal Center for Mental Health Services.



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Hispanic, and an additional 5% represented other ethnic minorities. The average age at the time of referral was 11.5 years, and the most common source of referral into the system was mental health (24%), followed by social services (18%), schools (17%), families (17%), juvenile justice (12%), and other sources (12%).

Referral Source Difference in Child Behavior and Functioning

Given the multi-agency collaborative nature of systems of care, it is of interest to determine whether children referred from a traditional mental health agency differ with regard to their behavior and functioning when compared to children referred from non-mental health sources (i.e., social services, schools, juvenile justice, and the family).

Children referred from non-mental health sources were compared to children referred from a mental health agency on their internalizing behavior problems, their externalizing behavior problems, and their functional impairment. Internalizing and externalizing behaviors are represented in subscales of the parent-reported CBCL. CAFAS ratings of functional impairment were provided by clinicians. Higher scores on these clinical indicators represent higher levels of problems or impairment. In an effort to isolate the referral source differences in these indicators, the analysis controlled for a child's age, race, gender, and the grantee site to which they were referred.

Children referred from the schools and the family were assessed at lower levels of impairment by clinicians, while children referred from juvenile justice were rated at higher levels of impairment, compared to children from mental health agencies. Children referred from social services were rated as *significantly* less impaired than children referred from mental health (see Figure 1).

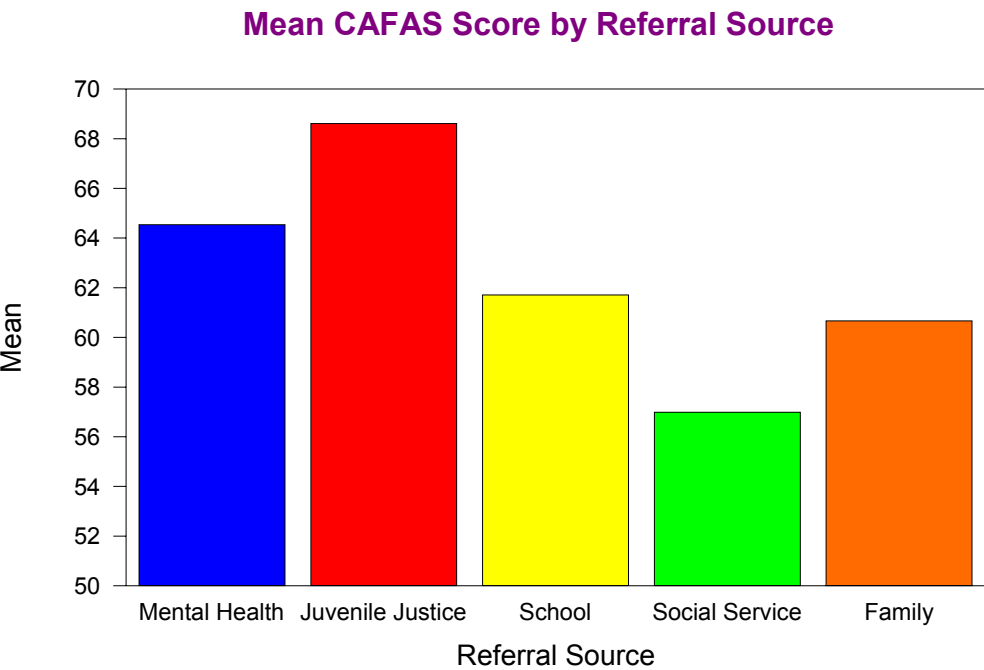


Figure 1

With respect to parent-reported internalizing and externalizing behavior problems, children referred from mental health, while slightly higher, were similar when compared to children referred from the schools and the family. However, the children referred from mental health were rated as having *significantly* more internalizing and externalizing behavior problems than those referred from social services and juvenile justice (see Figure 2).

Mean Internalizing and Externalizing CBCL Scores by Referral Source

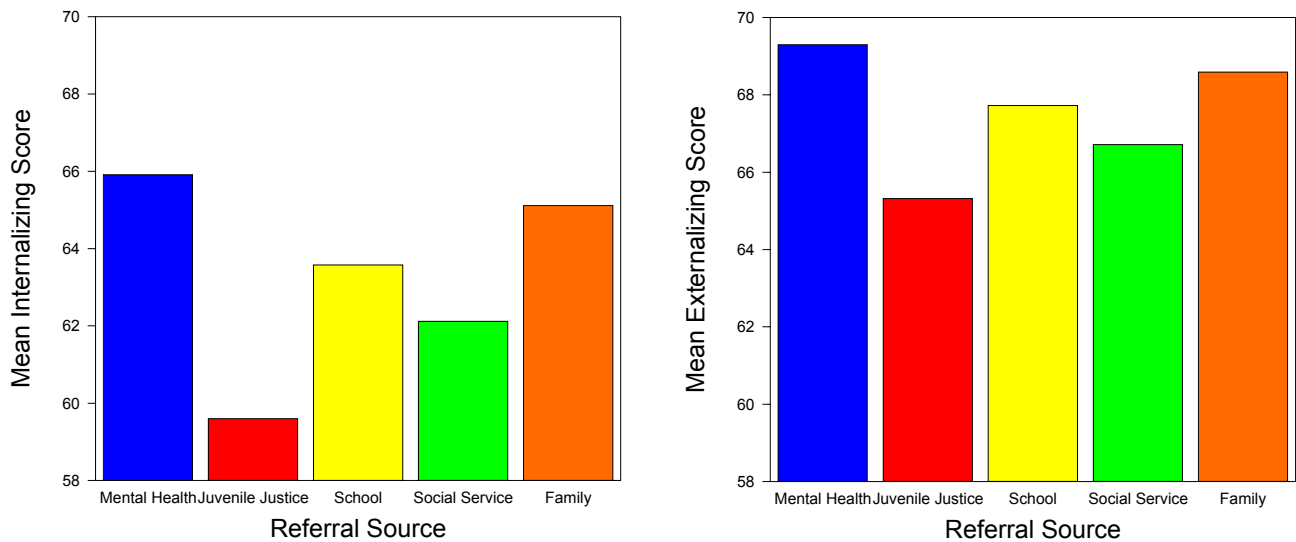


Figure 2

Conclusions

These findings suggest that from both the clinician (CAFAS) and parent (CBCL) perspectives, children referred from school and family sources appear more similar on clinical indicators to those children referred from mental health than do children referred from social services or juvenile justice. Parent and clinician ratings both indicate significantly less severity among children referred from social services when compared to those referred from mental health. Interestingly, the clinician ratings of functional impairment indicate that children referred from juvenile justice are experiencing higher levels (though not significantly) of impairment than those referred from mental health, while the parent ratings of problem behavior for these same children indicate less problem behaviors. Further analyses of specific syndrome scales of the CBCL and specific domains of the CAFAS would assist in determining whether this is a true discrepancy or an artifact of one or more subscales.

Nonetheless, these findings point to the fact that upon entry into services, children from non-mental health sources do not present with the same clinical indicators as those referred from mental health agencies. These differences have potentially important implications for the design and implementation of systems of care. Decisions about access, capacity, case load, service array, and portals of entry into systems of care must consider the clinical differences among the children whom the system intends to serve.

The system-of-care approach to providing mental health services to children with serious emotional disturbances and their families is being widely implemented across the country. Agencies are collaborating with their communities to provide seamless and comprehensive services. Children are being identified and referred for services by mental health and non-mental health sources. Recognizing that children coming from non-mental health sources present with different clinical indicators than those referred from mental health agencies provides systems with the information they need to effectively plan, hire, and deliver appropriate system-of-care services to meet the needs of *all* children.

References:

- Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist/4-18 and 1991 profile*. Burlington, VT: Department of Psychiatry, University of Vermont.
- Hodges, K. (1994). *Child and Adolescent Functional Assessment Scale*. Ypsilanti, MI: Department of Psychology, Eastern Michigan University.

Children referred into systems of care from mental health agencies present with different clinical characteristics than children referred from other sources.



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